



Madison County
Emergency Management
Agency
Volunteer Membership Application



____ New Application ____ Member Update

Full Name: _____

Address: _____ City: _____

Township: _____ State: _____ Zip: _____

If you have resided at above address less than 1 year, please provide previous address

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Employment

Occupation: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

Drivers License Information

Do you possess a valid Indiana Drivers License? ____ YES ____ NO

Drivers License Number: _____ State: _____ Exp. Date: _____

Personal Information

Date of Birth: _____ Soc. Sec. Number: _____

Sex: _____ Hair: _____ Eyes: _____ Weight: _____ Height: _____

Character References

Please list two people who are not related to you that are familiar enough with your character and background to provide us with personal references.

Name: _____ Name: _____

Phone: _____ Phone: _____

Application continued on next page



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Which division of Emergency Management are you interested in applying for?

___ Communications ___ Field Support ___ Warning ___ Public Information

Are you aware of any circumstances that would limit your ability to perform essential

functions of the position you are seeking? ___ YES ___ NO If yes, explain: _____

Amateur Radio Operator? ___ YES ___ NO License Class: _____ Call: _____

What licenses or certificates do you hold that may be considered specialized training for this position? _____

List any equipment that you own that could be used in the position you seek (radio's, etc.) _____

Have you ever been charged or convicted of a felony? ___ YES ___ NO If yes, please explain: _____

Are you an active member of any other emergency services? (Fire, EMS) ___ YES ___ NO

If yes, list organization(s) and position: _____

Have you previously been a member of any emergency services? ___ YES ___ NO If yes, list organization and position _____

The information that I have supplied is both truthful and accurate to the best of my knowledge. I understand that willfully supplying inaccurate information may result in my application being rejected. I agree to return all issued equipment, identification, other items issued to me by Madison County EMA upon request upon resignation or termination. I will not hold Madison County EMA, Madison County, or any Officer thereof liable for any damages to my equipment or for personal injuries during any Emergency Management activity. The "applicant signature" hereby authorizes Madison County Emergency Management Agency to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency. This request is specifically for all agencies within the United States.

Applicant Signature: _____ Date: _____

Agency Use Only

Date received: _____ Approved: Y N Date: _____ Staff Signature: _____

Mail Application to P.O. Box 1057 Anderson, IN 46015 or email to mcema.apps@gmail.com